

## MONTGOMERY COUNTY, GEORGIA

APPLICATION FOR EMPLOYMENT  
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

## PERSONAL INFORMATION

DATE

NAME

LAST

FIRST

MIDDLE

SOCIAL SECURITY  
NUMBER

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE NO.

ARE YOU 18 YEARS OR OLDER? Yes ☐ No ☐

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?

Yes ☐ No ☐

## EMPLOYMENT DESIRED

POSITION

DATE YOU  
CAN STARTSALARY  
DESIRED

ARE YOU EMPLOYED NOW?

IF SO MAY WE INQUIRE  
OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE?

WHERE?

WHEN?

REFERRED BY

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

US MILITARY OR  
NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN  
NATIONAL GUARD OR RESERVES

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (Fill in name of state)  
 IT IS UNLAWFUL IN THE STATE OF \_\_\_\_\_ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A  
 CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE  
 SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of Applicant

IN CASE OF  
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND  
 UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND  
 ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL  
 PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF  
 PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS:

NEATNESS

ABILITY

HIRED: ☐ YES ☐ NO

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED:

1.

2.

3.

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application  
 for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions  
 which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.



## PLEASE READ CAREFULLY

### APPLICANTS STATEMENT OF UNDERSTANDING

I understand that the United States Congress has enacted a Drug Free Workplace Act of 1988. The purpose of this law is to ensure that work done under federal contracts or federal grants is performed in a drug free work environment.

I hereby understand and acknowledge that, Montgomery County maintains a drug free workplace policy and that applicants may be subject to drug testing.

Signed \_\_\_\_\_

Date \_\_\_\_\_





**MONTGOMERY COUNTY SHERIFF'S OFFICE  
GEORGIA BUREAU OF INVESTIGATION  
GEORGIA CRIME INFORMATION CENTER**

**CONSENT FORM**

I hereby authorize \_\_\_\_\_  
to receive any Georgia criminal history record information pertaining to me which may be in the files of  
any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REASON FOR CRIMINAL HISTORY REQUEST**

- |  |          |   |          |
|--|----------|---|----------|
| <input type="checkbox"/> Housing Authority                                       | (Code H) | <input type="checkbox"/> Firearms                                 | (Code F) |
| <input type="checkbox"/> Employment with Children                                | (Code W) | <input type="checkbox"/> Employment with Mentally Ill             | (Code M) |
| <input type="checkbox"/> Employment with Elderly                                 | (Code N) | <input type="checkbox"/> Visa                                     | (Code V) |
| <input type="checkbox"/> Domestic Violence                                       | (Code D) | <input type="checkbox"/> Insurance Commissioner                   | (Code O) |
| <input type="checkbox"/> Exigent Purposes  | (Code X) | <input type="checkbox"/> Public Defenders                         | (Code L) |
| <input type="checkbox"/> Personal Review by<br>Individual or Attorney            | (Code U) | <input type="checkbox"/> Public Records Felony<br>Conviction Only | (Code P) |
| <br><input type="checkbox"/> Non-Criminal Justice Employment & Licensing Purpose |          |   | (Code E) |
| <input type="checkbox"/> Criminal Justice Employment/Civilian                    |          |   | (Code J) |
| <input type="checkbox"/> Criminal Justice Employment/P.O.S.T. Certification      |          |   | (Code Z) |
| <input type="checkbox"/> State Agency Administrative Functions                   |          |   | (Code A) |
| <input type="checkbox"/> Interstate/Approved Non-Criminal Justice                |          |   | (Code I) |

**ORI USED**

- |   |  |
|---|--|
| <input type="checkbox"/> GA 10300000 Montgomery SO        | <input type="checkbox"/> GA 103015C Montgomery CI  |
| <input type="checkbox"/> GA 103023J Montgomery Probate    | <input type="checkbox"/> GA 103015J Superior Court |
| <input type="checkbox"/> GA 1030100 Mount Vernon PD       |  |
| <input type="checkbox"/> GA 103033J Montgomery Magistrate |  |

One of the following must be checked:

- ☐ This authorization is valid for 90 / 180 (circle one) days from the date of signature.

\_\_\_\_\_  
GCIC Operator Signature

\_\_\_\_\_  
Case #